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Applicant: M. Wessels and C. Cywes
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STAPHYLOCOCCAL INFECTION
Examiner: Unknown
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Heather B. Hill

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Sir:

PRELIMINARY AMENDMENT

Please amend the claims as follows. Applicants have attached hereto pages containing amended claims with amendments indicated by bracketing (for deletions) and underlining (for insertions).

Please cancel the following claims: 20, 24-44, 46-67, 69-90, 92-114, 116-138, 142, 144, 148, 150, 154, 156, 160, and 162.

Please amend the following claim.

18. (Amended) The method of claim 14, wherein the dose is at least 0.25mg, 0.30mg, 0.40mg, 0.50mg, 0.60mg, 0.70mg, 0.80mg, 0.90mg, 1.0mg, 1.25mg, 1.5mg, 1.75mg, 2.0mg, 2.25mg, 2.5mg, 2.75mg, 3.0mg, 4.0mg, 5.0mg, 6.0mg, 7.0mg, 8.0mg, 9.0mg, or 10.0mg hyaluronic acid.